

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155219		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/04/2012	
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-SOUTH BEND				STREET ADDRESS, CITY, STATE, ZIP CODE 52654 N IRONWOOD RD SOUTH BEND, IN 46635			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	<p>This visit was for the Investigation of Complaint IN00100605.</p> <p>Complaint IN00100605- Substantiated. Federal/State deficiencies related to the allegations are cited at F 223.</p> <p>This visit was done in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00096747 completed on 11/29/11.</p> <p>Survey dates: January 3 and 4, 2012</p> <p>Facility number: 000124 Provider number: 155219 AIM number: 100266730</p> <p>Survey team: Sandra Haws, RN- TC</p> <p>Census bed type: SNF/NF: 107 Total: 107</p> <p>Census payor type: Medicare: 18 Medicaid: 59 Other: 30 Total: 107</p> <p>Sample: 8</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Kindred Transitional Care-South Bend was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regard to the Investigation of Complaint IN00100605.</p> <p>This deficiency is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 6, 2011 by Bev Faulkner, RN</p>						

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F0223 SS=A	<p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on record review and interview, the facility failed to ensure a resident was kept free from verbal abuse by an employee for 1 of 4 residents reviewed for abuse in a sample of 8. Resident # D</p> <p>Findings include :</p> <p>During a tour of the facility on 1/3/12 at 10:00 a.m., accompanied by LPN # 6, she indicated Resident # D was alert and oriented and would be interviewable.</p> <p>Resident #D's record was reviewed on 1/3/12 at 2:20 p.m. The resident's record indicated diagnoses of, but not limited to; paraplegia, lupus, myalgia and hypertension.</p> <p>The resident's record indicated on 11/26/11 Resident #D was verbally abused by CNA # 2.</p> <p>A nurse's note, dated 11/26/11 (no time), indicated "At around 02:55 (2:55 a.m.) (CNA #2) came to me frustrated she stated that while assisting (Resident #D) with care (Resident #D) became verbally</p>		F0223	<p>The facility requests that this Plan of Correction be considered its credible allegations of compliance. Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is not to be construed as an admission of interest against the facility, the Administrator, or an employee, agents, or other individuals who draft or may have discussed in the response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections of the conclusion set forth in this allegation by the survey agency. Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of appeal of this matter solely because of the requirements under State and Federal law that mandates submission of the Plan of Correction as a condition of participation in the Title 18 and</p>		01/16/2012	

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	<p>aggressive and began to use profanity towards (CNA #2). I told her I would go with her and that it wasn't ok for anyone to swear at staff and I reassured (CNA#2). We enter (sic) room (Resident # D) wanted to know what was going on. I stated I understand you're not happy with (CNA#2). (Resident #D) then started to "talk at" (CNA # 2), I intervened and asked (Resident # D) what was wrong. (Resident #D stated she pulled my leg, (CNA #2) denied it and then (CNA #2) and (Resident #D) began to talk back and forth. I intervened and asked (Resident #D) if she was hurting, she said 'yes.' I went to check her bottom, (CNA #2) pulled the incontinent pad which resulted in (Resident # D) going down in bed. I reassured her (Resident # D) then said (CNA# 2) you're a grown adult and know how to care for me. (CNA # 2) leaned into (Resident # D) face to face and stated, "you son of a b _ _ _ _" with teeth clenched and then took a fold sheet (sic) that she had in her (R) (right) hand and swung it towards (Resident #D). I at that moment intervened and pointed towards (CNA #2) stating "leave the room now!" I told her to clock out and go home until someone contacted her. I stayed with (Resident # D) reassured her and ensured she was alright. When I came to nurse's station she was gone...."</p>			<p>Title 19 programs. The Submission of the Plan of correction within this time frame should in no way be of non-compliance.</p> <p>1.CNA# 2 was immediately terminated by the facility. The facility did complete an In-service of all staff as to the proper procedures to follow when abuse of a resident is observed and staff was additionally re-In serviced as to the signs and symptoms of abuse, the required immediate notification of a Supervisor, and concerning facility reporting requirements. The facility charge nurses do complete rounds in the facility each shift and as needed and the facility Nursing Managers and Department managers do complete regular rounds in the facility to further ascertain the safety of facility residents.</p> <p>The Administrator did immediately meet with resident D and the resident did voice that she was content after meeting with the Administrator. The nursing staff did immediately contact the resident's family members, Physician, and Psychiatrist. The Psychiatrist did order that the resident be monitored for any adverse signs and symptoms of abuse.</p> <p>2. All residents have the potential to be affected by the alleged deficient practice. All interviewable residents/responsible parties (for</p>			

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	<p>A statement written by CNA #2 undated or timed included, "...she was very upsetting and frustrating to me. Usually I can handle it, but this time I couldn't...She had me all shook up. I called the nurse because I couldn't handle it. I did kinda (sic) go off on her, but I didn't mean it. I know I'm not supposed to take it personally but I did...."</p> <p>A statement written by LPN # 5, dated 12/2/11 at 2:45 p.m., indicated "(CNA #2) stated to myself (LPN #5) that she feels awful about calling (Resident #D) SOB I lost my temper."</p> <p>A Social Service note reviewed on 1/3/12 at 3:00 p.m., dated 11/26/11 at 8:15 a.m., indicated " SS (Social Service) met with Res (Resident)...Re: incident with night CNA. Res processed feelings and discussed incident. Res tearful at time. Res able to show feelings appropriately. Res voiced satisfaction with being able to discuss feelings and feels "safe after talking...."</p> <p>During an interview with Resident # D on 1/4/12 at 3:20 p.m., regarding the above incident, she indicated (CNA #2) scared her and she had never experienced something like that before. She stated "she flipped out of the blue, she bent down to me in the bed and said "you son</p>		<p>non-interviewable Residents), were interviewed using the Abaqis abuse protocol. The facility did follow-up as needed per policy on abuse.</p> <p>3. The Executive Director /Administrator do require the completion of a daily audit tool by department managers on a weekly and as needed basis, that does detail resident/staff communications and a separate audit tool that is completed by facility nursing managers that does detail concerns regarding direct care observations.</p> <p>4. The results of the daily audit tools will be reviewed weekly for four weeks and monthly for three months and quarterly thereafter until substantial compliance is achieved. The Performance Improvement Committee will review all audits until substantial compliance is achieved.</p>				

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	<p>of a b____." Resident #D indicated the Administrator came in right away and assured me that I would be fine, he made me feel 100% better.</p> <p>During an interview with the Director of Nursing on 1/3/12 at 4:00 p.m., she indicated CNA # 2 was immediately suspended, an investigation was completed and CNA #2 was terminated for abuse. The Director of Nursing indicated the incident was immediately faxed to the appropriate agencies, family and physician were notified. LPN # 5 immediately sent CNA #2 home and reported the incident to the Director of Nursing and the Administrator.</p> <p>Review of the facility's policy and procedure on 1/3/12 at 4:10 p.m., titled "Responding to and Investigating an Abuse Allegation, dated 11/18/05, indicated "...For All Types of Abuse 1. Follow the state's regulatory agency reporting requirements for the investigation's findings...if allegations against an employee are substantiated, terminate employment..."</p> <p>This Federal tag relates to Complaint IN0000100605</p> <p>3.1-27(b)</p>						

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